

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10067522 FILING DATE 7/2/04  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			—			
2			—			
3			—			
4			1			
5			1			
6			1			
7			2			
8			—			
9			—			
10			1			
11			—			
12			1			
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			5			
TOTAL CLAIMS			8			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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